

TRANSMITTAL FORM

| | |
|----------------------|----------------------|
| Application Number | 08/918,386 |
| Filing Date | August 26, 1997 |
| First Named Inventor | Haavisto |
| Group Art Unit | 2741 |
| Confirmation No. | 5972 |
| Examiner Name | McFadden, Susan Iris |
| Attorney Docket No. | 51020-016US |
| Patent No. | 5,915,239 |
| Issue Date | June 22, 1999 |

ENCLOSURES (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets <u> </u>] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Replacement Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input checked="" type="checkbox"/> Power of Attorney Revocation with New Power of Attorney and Change of Correspondence Address, including statement under 37 C.F.R. § 3.73(b) (48 pages) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance | <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|---|---|--|

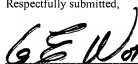
CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600
 Tel. No.: (617) 526-9600
 Fax No.: (617) 526-9899

SIGNATURE BLOCK

25
 Date: May 25, 2010
 Reg. No. 45,238

 Tel. No.: (617) 526-9626
 Fax No.: (617) 526-9899

Respectfully submitted,

 Gerald E. Worth
 Attorney for the Applicants
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600